



MIAMI-DADE COUNTY  
GENERAL SERVICES ADMINISTRATION  
FACILITIES and UTILITIES MANAGEMENT DIVISION  
OFFICE of ELEVATOR SAFETY  
201 West Flagler Street  
Miami, Florida 33130-1510  
Ph: 305.375.1577  
Fax: 305.372.6367

<http://www.miamidade.gov/gsa/ElevatorMain.asp>

**For Office Use Only**

Account #

Date Approved

**AFFIDAVIT OF ELEVATOR MAINTENANCE COVERAGE**

I, \_\_\_\_\_, acting as agent of the below named registered elevator company,  
do hereby attest that the elevator plant located at:

\_\_\_\_\_

Is continuously under contract for the performance of full maintenance, as required by Chapter 399 of the Florida Statutes, and Florida Administrative Code 61C-5.

Serial No(s). \_\_\_\_\_

A contract will remain continuously in effect at least until: \_\_\_\_\_ (the end of Certificate year) The building has \_\_\_\_\_ floors.

Elevator(s) have Fire fighter service **YES** **NO** Year of installation: \_\_\_\_\_

Elevator(s) are equipped with universal emergency access key **YES** **NO** (NOTE: Fire Marshal has not yet selected key)

Registered Elevator Company \_\_\_\_\_

Signature of Agent \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as  
identification and who has taken an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Printed Name  
Commission Number:  
My Commission Expires: